



Wisconsin Department of Commerce
ERS Division
Bureau of Petroleum Products and Tanks
P.O. Box 7837
Madison, WI 53707-7837

Comm. 10 Notification Record

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m)].

TO: _____ OFFICE LOCATION: _____

(Refer to the Commerce web site: > <http://apps.commerce.state.wi.us/ERSLPOLists/ERSLPOLists?agency> < for the agency responsible for the specific jurisdiction.)

LOCATION / IDENTIFICATION (Please print or type)

Site Name		Owner Name			
Site Street Address		Owner Street or P.O. Address			
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:
County	Zip Code	State	Zip Code	Telephone ()	
Fire Department providing fire protection coverage:					

Name of Contractor: _____

Address of Contractor: _____

City/Town: _____

Telephone Number: () Fax Number: ()

Date work is to begin: _____

Comm. 10 certified project supervisor: _____

Project will involve:

	Check		Number of tanks	Plan Number	Approval Date
	UST	AST			
Tank Installation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Dispenser POS Conversion	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Piping Installation/Upgrade	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Leak Detection Upgrade	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Spill/Overfill Protection	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Stage II Vapor Recovery	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Cathodic Protection/Lining	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Tank Closure	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

Comments: _____